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ORIGINAL ARTICLES.

Abdominal Sections For Tubercular Disease.

BY THOMAS E. MCARDLE, A.M., M.D., WASHINGTON, D. C.

Read Befere the American Association of Obtetricians and Gynecologists, at Richmonds, September 22-24, 4896.—The American Journal of Obstetrics.

There is at present no subject of greater interest to the human race than the study of tubercular disease, more particular of its treatment. The enormous mortality from this destructive enemy of mankind renders valuable any suggestion of treatment which holds out a hope of success. It is not the intention here to offer any new method, but rather to formulate, in as terse and concise a manner as possible, what has already been done by surgical means for the relief of women suffering from tuberculosis of the generative organs.

Whilst there is only one specimen of tubercular disease of the uterus in the Army Medical Museum at Washington, yet tubercular disease of the female generative organs is far from being a rare disease, as evidenced by the reported cases scattered over many years of medical literature. Almost as early as the recognition of tubercle in the lung tissue have we histories of autopsies revealing the presence of tubercular disease in the tubes, ovaries, or uterus, either in one or more of these organs; as a primary disease of the tube, the ovary, or the uterus, or as a secondary disease consequent to or coincident with tubercular systemic infection. It is true that until the verification methods of modern pathology and the discovery of the bacillus by Koch there is always an element of doubt as to whether many of the cases reported were tubercular or not; yet with even this element of doubt it is more than probable that the majority of cases would be proven such today, for the reporters were generally clinicians of ability and the men who made the autopsies were skilled in their profession. It is not my purpose to make any reference to the vast quantity of literature, in almost every language, which was so kindly furnished me at the library of the Surgeon-General's Office. It was my intention to make such an exhaustive study of the subject as was afforded by the material at hand; but so short was the time and so vast the matter at my command, it was deemed best to make reference to the admirable paper on "Tuberculosis of the Female Generative organs," together with a most complete bibliography up to date of publication, by J. W. Williams, in the *Johns Hopkins Hospital Records*, 1892. It will be of some little interest to add that, as far as could be learned, Franciscus Deleboe Sylvius, 1680, was the first writer who accurately described tubercles of the lungs; Boyle, 1810, was the first who confidently announced that tuberculosis was not a local process limited only to the lungs; and addison, 1842, was the first to institute microscopical examinations for tubercle. But, of course, Koch's discovery was the greatest advance of all, and, with the astonishing success of modern surgery, it remains for us to snatch from the jaws of death women who would have been permitted to die from what appears to be so remediable a disease if only the correct diagnosis be made and the proper means of treatment be applied.

There is no doubt that tubercular disease of the female genitalia is more frequent than is generally supposed. Every portion

of the genital tract may be affected, the order of frequency of the various portions being: tubes, body of the uterus, ovaries, vagina, cervix and vulva. The tubes are affected in nearly all cases, the body of the uterus in about three-fourths of the cases, and the ovaries in about half of all cases. It must be borne in mind that such a condition of affairs may exist as a primary disease in one or another of these organs; and this primary disease has for us the greatest possible interest. But we must remember that tubercular disease of the organs just mentioned may be secondary to a focus of infection in lungs, bladder, rectum or elsewhere, thus casting another element into the questions of diagnosis and treatment. Most cases of tuberculosis of the tubes are secondary to tuberculosis elsewhere; but, as far as the genital tract is concerned, the tubes are generally the primary seat of the disease. But the frequency of the primary focus of the disease being situated in the tubes is not properly appreciated, though sometimes has been done of late years to demonstrate that it is of far more frequent occurrence than was ever suspected.

Tuberculosis of the body of the uterus is not at all a rare affection and has been frequently discovered in autopsies upon phthisical subjects. It can be the only focus of disease in the body, but it is generally associated with disease of the tubes and is generally secondary to disease of that organ. It seems most probable—in fact, by some it is considered proven—that coitus can be a source of uterine affection with tubercular disease. Yet it has been asserted that frequently from such a cause the tube becomes the primary focus and later infests the body of the uterus. It is well to remember that at first only the endometrium is involved, and the disease does not extend to the muscular tissue until a more or less lengthy period of time has elapsed. Whilst tuberculosis of the ovary has been almost doubted by some and by others considered very rare, yet we undoubtedly have good authority for the assertion that, although it is not of such frequent occurrence as tuberculosis of the tubes and body of the uterus, yet it does occur frequently enough to be reckoned among the prominent localizations of tubercular disease. Notwithstanding the fact that tuberculosis of the ovary is usually consequent upon or coincident with other forms of genital tuberculosis, nevertheless a sufficient number of cases have been reported to lead us to believe that primary tuberculosis of the ovary does not exist without the involvement of any other portion of the genital tract.

Senn has well said that the cases of primary tuberculosis of the vulva, vagina, and uterus will undoubtedly become more numerous in the literature of the near future when improved methods of examination will enable the surgeon to make a positive diagnosis between those affections and carcinoma and syphilitic lesions. We believe that time is now upon us. Enough German and French surgeons and pathologists have reported cases of primary tuberculosis of the vagina to place the existence of that lesion beyond the peradventure of a doubt. Although tuberculosis of the vagina occurs most frequently during the period of greatest sexual activity, yet it has been found in a girl of 7 and again in an old woman of 79. It is usually secondary to disease affecting the higher portions of the genital tract, the majority of the cases being produced on the posterior wall by secretions from a tubercular uterus.

Williams has advised that, in view of mistaking it for carcinoma, the ulcerated variety of tuberculosis of the cervix deserves to be constantly borne in mind by operators; and undoubtedly tubercular ulcerations of the cervix have not infrequently been operated upon under the delusion that they were of carcinomatous origin. It is believed that further research will prove that, whilst tuberculosis of the cervix is not so common as tubercular disease of the body of the uterus, yet it occurs more often than is generally supposed. Cases are on record where the cervix was the sole location of tuberculosis in the genitals of phthisical women; and, again, on the cervix has been found the only trace of tubercular disease in the woman's whole body.

Of all the female genitalia the vulva is the least liable to tubercular infection. But as progress is made in the study of tuberculosis of the female genital organs greater effort will be made to differentiate more accurately the various diseases of the vulva, and where tubercle bacilli are found, or inoculation experiments yield positive results, the surgeon will have no doubt of the disease with which he has to deal. It is almost certain that more cases of vulvar tuberculosis will then be recorded and the good results obtained from surgical or medical means may prove valuable in the treatment of tuberculosis elsewhere.

The etiology of tuberculosis of the female genitalia is a subject for much future investigation. As has already been said, it is quite generally conceded that the primary form may be the product of coitus, the male having tubercular disease of one or more of his genitals. The fingers or hands of the physician or nurse may carry the tubercle bacilli into the genital tract; so, too, may unclean instruments and syringes be the source of infection. Filthy conditions of the bed linen or wearing apparel may give rise to the disease. It has ever been claimed that the tubercular affection may be transmitted through the medium of the air to the female genitalia. At any rate, it may be asserted that the bacilli are introduced by some means, and, finding the condition favorable, multiply with great rapidity and set up a focus capable of infecting neighboring organs.

Secondary tuberculosis may be caused in various ways. Blood infection is the most probable explanation of the occurence in very many cases. Tubercular infection has been transferred from the peritoneum to the tubes, and again the peritoneum has been infected from the tubes. Moreover, the bacilli may gain access to the genitalia from other organs which are the seat of tuberculosis, by the formation of fistulæ between the diseased structure and various portions of the genital tract.

Gehle, as quoted by Williams, stated in 1881 that a positive diagnosis of genital tuberculosis during life was impossible. But since Koch's brilliant discovery such a position is no longer tenable. The microscope will settle beyond doubt the question of tuberculosis affecting the vulva and vagina. If the same means be applied to tuberculous ulceration of the cervix they will be readily diagnosticated from caroinomata, for which they are frequently mistaken. Many have been able to diagnosis with certainty cases of tuberculosis of the uterus in which there was apparently no trace of tuberculosis elsewhere in the system. Whenever there is the slightest suspicion the vaginal and uterine sections, together with portions removed from the fundus of the uterus by curettage, should be examined with the greatest care, and inoculation tests should be made if necessary. But when it comes to making a diagnosis of tubercular disease of the tubes and ovaries the matter becomes more difficult. It is not so easy to obtain specimens for examination. A probable diagnosis of tuberculosis of the tubes may be made in any case when, in addition to distinct tubo-ovarian masses, we are able to diagnose tubercular peritonitis, or, as Osler expresses it, "the association of a tubal tumor with an ill-defined anomalous mass (tubercular tumor) in an abdominal cavity should arouse suspicion at once" (Williams). And the same authority, quoting Edebohls, says the coexistence of tubal tumor or tumors with plague-like thickenings of the subperitoneal tissue points with the greatest distinctness to tuberculosis. The tuberculosis under these conditions may fairly be assumed to be primary in the tube or tubes if no other deep-seated tumors can be palpated in the abdominal cavity. In one case of pyosalpinx suspected of being tuberculous, Edebohls made a positive diagnosis by an exploratory puncture of the pus sac, under the guidance of a combined vaginal and rectal touch, and the revelation of tubercle bacilli upon examination of the fluid removed. No one doubts the gravity of the situation when tuberculosis is found affecting any organ of the human body. Though we concede the conservative forces of Nature in some instances, yet the progress of the disease in most cases is toward a fatal

termination. Such being the case, any successful effort to remove the offending focus or foci will be hailed with delight.

The treatment of tuberculosis of the vulva, vagina and cervix does not come within the scope of this paper. The destruction of the tuberculosis focus by fluid or solid caustics has been advocated by some surgeons, and, if these means are not satisfactory, extirpation of the part is recommended. We have a very efficient means for the removal of tubercular ulcers of the vagina and vulva is the application of the tincture of iodine. They rapidly disappear under its use. In case of failure, however, excision can be practiced. When the cervix is involved, and not the body of the uterus, the method of treatment advised for the vulva and vagina should be given a fair trial, but if they prove ineffectual no time should be lost in amputating the cervix. When the endometrium is involved there is diversity of opinion as to the best method of procedure. It has been recommended to first curette the organ and remove all evidences of disease. Iodoform suppositories are introduced into the uterus.

If there should be a reoccurence of the trouble removal of the organ is advised. Now, if we bear in mind that tuberculosis of the body of the uterus is so frequently associated with the same disease in the tubes and ovaries, it seems to me that, having once ascertained without the shadow of a doubt the existence of tubercular disease in the uterus, it is our duty to look for a similar condition of affairs in the tubes and ovaries; and while we may not make the same exactness of diagnosis in regard to these organs, yet if we can be morally certain of their diseased condition it behooves us to waste no valuable time in curetting the uterus and treating it with iodoform, but to proceed at once to the performance of an abdominal section for the uterus, tubes and ovaries. The heroic method of treatment is advocated in primary disease of these organs. In a case complicated with tubercular peritonitis there would be no special danger in removal of the tubes and ovaries. We all know how many cases of that disease have been cured by section and drainage. We could then curette and treat the body of the uterus.

But in a patient suffering from phthisis associated with secondary disease of the genital organs the surgeon has a much more difficult problem to solve. The general condition of the patient must be taken into consideration, and he must weigh well the chances for life, even if his operation prove a success. In advanced phthisis it is doubtful if it would be worth while to expose the patient or her friends to the care, expense, and risk of an operation so fraught with danger and so devoid of hopeful results. In the early stage of phthisis the surgeon might be led to to decide upon an operation if the general condition of the patient warranted it and she were placed in the very best hygienic and climatic environment.

The purpose of this paper will be served, however, if it succeeds in arousing the members of this Association to the importance of the subject and to the vital necessity of making a more thorough pathological study of the organs removed from the female abdominal cavity.

THERE are people who are very proud of the fact that they can cure all the ordinary complaints in their family and seldom have use for a doctor. The spread of diphtheria and scarlet fever can in a great many instances be laid at the door of just such people.

IT should be remembered that the microscope is an aid rather than a means of absolute diagnosis. In all new growths the clinical history and appearance must be closely studied with the microscopical appearance before a positive diagnosis can be made.

DR. A. J. OCHSNER recommended large daily doses (2 ounces) of castor oil in neuralgias due to inflammation following tramuatism as well as other neuralgias.

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W. E. McVEY, B.S., M.D., EDITOR.

COLLABORATORS:

J. E. MINNEY, A.M., M.D., Topeka, Kas.
S. G. STEWART, M.D., Topeka, Kas.
J. C. McCLINTOCK, A.M., M.D., Topeka, Kas.
M. B. WARD, A.M., M.D., Topeka, Kas.
W. S. LINDSAY, M.D., Topeka, Kas.
JOS. B. CONNELL, B.S., LL.B., M.D., Kansas City, Mo.

Topeka, Kansas, Saturday, Jan. 2, 1897.

A Happy New Year.

With the first number of volume IX. we cannot do better than wish all our readers the best the world affords To some this means little but hard work and ceaseless worry. Happiness, however, does not depend upon riches or renown. It is something the poor man can own but the rich one cannot buy. We have neither riches nor renown, and yet there is an element in our makeup which enables us to ignore the criticisms and abuses that are heaped upon us and find happiness in the friendship and kind favors of those who appreciate our efforts and good intentions. Many new enterprises will be born with the new year, and probably many new medical journals will be launched upon the great sea of prospects and futures. We wish them all success. A large number of journals have been born, lived and passed away during our lifetime, and we regret their early demise. We are happy, however, to be still alive and able to transmit from ocean to ocean the ideas of Western physicians and surgeons. We are happy to be recognized by the most able men in the medical profession of the country as a medium for the diffusion of medical opinions. We hope to make the coming year in every respect the most eventful in the history of the JOURNAL, and the plans which we are now developing will not only assure the continued success of the JOURNAL, but will be a source of satisfaction to all its readers. Some excellent writers are among the list of our contributors and many additional names will be found in the list for '97.

Our policy in regard to medical legislation will in nowise be changed. The columns of the JOURNAL will be open to communications which will influence the support of the profession for a good sound medical law. We will also take occasion to inform our readers of every movement in the progress of this matter. The prospects are favorable for the successful termination of a long-fought battle, and we look forward with great satisfaction to the meeting of this Legislature. Another matter which we hope to have thoroughly discussed is the present relations of the expert witness to the court and the jury, and the means for placing the expert witness upon a higher standing.

During the session of the coming Legislature we expect to publish a number of articles upon the proposed bill for the appointment of an insane commission.

In the regular line of medical work we are now arranging for several series of articles upon various topics of interest to the general practitioner and to the specialist.

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THE Western Association of Surgery and Gynecology, which met here on the 28th and

29th of December, is developing considerable strength. This society was organized some years ago in this city and was the culmination of the enthusiastic efforts of our fellow townsman and practitioner, Dr. M. B. Ward. The Doctor now has much reason to be proud of the society, and should find great satisfaction in the present high standing of the association and the good work being done. The association is well known over the country, and will receive a cordial and hearty welcome wherever it may meet.

Many flattering invitations were received by the president for the next meeting, but the society decided upon Denver as the next meeting place. In the selection of a president for the association no better choice could have been made than Dr. Joseph Eastman, of Indianapolis, who is an author, a surgeon, a gynecologist, and a gentleman.

THE Kansas Medical College will resume its regular work Monday, January 4, after two weeks holiday.

MISCELLANEOUS.

Golden Belt Medical Society.

The following is the program of the Winter meeting of the Golden Belt Medical Society which will be held at Solomon, Kas., Thursday January 7, 1897:

Appendicitis, Dr. E. W. Hawthorne, New Cambria.

A Paper, Dr. Charles A. Oliver, Philadelphia, Pa.

Prairie Rattlesnakes—Their Poison and its Treatment, Dr. J. F. Brewer, Minneapolis.

Chloroform in Labor, Dr. C. W. Brooks, Enterprise.

Aphasia, with Report of Case, Dr. P. Daugherty, Junction City.

Volunteer papers.

Eastern Kansas Medical Society.

The Eastern Kansas Medical Society will meet in Topeka Tuesday, January 12. The following program has been arranged:

The Osseous Origin of Hip-Joint Disease—Dr. D. D. Wilson, Nortonville.

Movable Kidney—Dr. W. W. Ralston, Horton.

A paper—Dr. J. W. Felty, Abilene.

Eczema of External Auditory Canal—Dr. J. W. May, Kansas City, Kas.

Surgical Treatment of Empyema—Dr. S. E. Sheldon, Topeka.

Some Interesting Bacteria Isolated from Waters in this Locality—Dr. J. L. Gilbert, Topeka.

Broncho Pneumonia of Children—Dr. T. W. Peers.

Clinics and reports of cases.

Laborde's Rhythmic Traction of the Tongue and Injuries Caused by Methods of Resuscitation.

Ludwig Knapp in Centralblatt f. Gynecologie.

It is now four years since Laborde introduced his new method of resuscitation by rhythmic traction of the tongue, a method which found its physiological explanation in the supposition that the respiratory centers are stimulated reflexly by stimulation of the neighboring centers by irritation about the roots of the tongue.

Although the method was recommended most enthusiastically in France, it has attracted comparatively little attention in Germany, but the author has made use of the method extensively of late in the clinic at Prague, with good results for the most part.

The first case was a child of a primipara brought into the hospital after the body of the child had been born and the head retained in the vagina 20 minutes. As the child's heart was still beating it was treated by the ordinary methods for a long time. As many as 600 swingings by Schultze's

method were given without success. After the heart had begun to get weak the child was put in a dish of warm water and rhythmic traction made on the tongue. After pulling it abot thirty times the child began to gasp and a few minutes later respiration became established. The child lived about eight hours.

Eleven other cases are reported in which the method has been employed, in most of them after trying some other method without success.

In two of the cases, on the other hand, the result of Laborde's method was to start up such feeble attempts at respiration that Schultze's method had to be employed subsequently. In one of his cases death occurred after making use of all the known methods of resuscitation, and the author believes it was due to some lesion of the child, such as cerebral hemorrhage. No autopsy was held.

In general the author believes that Laborde's method is a valuable addition to our therapeutics. It can be used in addition to our usual methods, and also in cases of premature birth, in which Schultze's method is contraindicated. It can be employed while the child is immersed in warm water and thus avoids the danger of cooling off the body too much—a great disadvantage of other methods. The technique is very simple and is well adapted for use in private practice as there is nothing objectionable about the procedure which might offend the family.

In regard to injuries from attempts at resuscitation, one of the cases in which both Schultze's and Laborde's method was tried, showed a number of interesting points. Death took place eight hours after delivery, and the autopsy showed ecchymoses under the skin about the back and thorax, and also in the muscles of these regions. The pectoral muscles especially were badly bruised from pressure of the thumbs during the long continuance of the swinging.

There were some hemorrhagic areas in the meninges of the spinal chord, but it is doubtful if they had any connection with the method of resuscitation. The lesions here described have been observed by a number of writers as a result of prolonged use of Schultze's method.

In examining the tongue it was found that there were punctate hemorrhages about the tip; the surface was eroded, and of a yellowish-brown color; a blood clot, about the size of a lentil occupied the left pillar of the fauces; the retro-esophageal cellular tissue contained extravasated blood; and the mucous membrace of the esophagus contained small and large blood clots.

As yet comparatively little is known about the injuries following traction of the tongue, but if Labore's method becomes generally used, especially by midwives, the author predicts that lesions of the tongue and fauces will be much more frequent and have considerable importance from a medico-legal point of view.

The Treatment of Eczema.

The Therapeutic Gazette.

The *Revue de Therapeutique Medico-Chirurgical*, of June 1, 1896, tells us Barazzi treats eczema locally, by the use of internal drugs, and by dietetic measures. The local treatment varies, of course, as to whether the inflammation is acute or chronic. In the acute eczema he distinguishes three varieties: the stage of vesiculation, the stage of dying, and the stage of desquamation. In the first period he employs soothing applications. Thus he endorses the method of Besnier, who uses poultices composed of potato applied during the night. During the day the inflamed surface is dressed by compresses of sterilized gauze, outside of which is applied a sheet of gum. In other instances, instead of moistening the gauze with boiling water, the following solutions may be applied:

℞ Resorcin, 40 grains;
Boiled water, 1 quart.

Or,

℞ Ichthyol, 15 grains;
Boiled water, 1 pint.

When it is necessary to employ a drying application he uses the following powder:

℞ Powdered talc,
Powdered starch,
Powdered oxide of zinc, of each, 2½ dr.

Or he uses the ordinary oxide of zinc in vaselin in the proportion of equal parts. Or the following may be employed, which is known as Lassar's ointment:

℞ Oxide of zinc, and starch, of each 6 dr.
Salicylic acid, 7 to 30 grains;
Vaselin, 2 ounces.

Or, in place of this:

℞ Salicylic acid, 8 grains;
Oxide of zinc, and starch, of each 6 oz;
Lanolin and vaselin, of each 6 to 8 oz.

Should the eczema affect the skin of the face, in place of poultices he employes atomizations of sterilized water repeated two or three times a day and lasting half an hour or longer, the face being afterward covered by a mask of sterilized gauze which in turn is covered with rubber dam at night. On the other hand, if the eczema is diffused all over the body, olive oil and lime water ("Carron oil") may be used as a softening dressing. When it is necessary to exercise an astringent influence because of too great secretion of the skin, the following prescription may be used:

℞ Tannic acid, 30 grains;
Calomel, 15 grains;
Glycerite of starch, 1 ounce.

Or,

℞ Oxide of zinc, 2½ drachms;
Salicylic acid, 8 grains;
Vaselin, 6 drachms.

Should more energetic remedies still be required, we may use:

Salicylic acid, 15 grains;
Balsam of Peru, 1 drachm;
Tincture of Benzoin, 15 to 30 drops;

Or, if still more energetic and practically irritant dressings are needed, we may use:

℞ Oil of cade, 2 drachms;
Glycerite of starch, 1½ ounces.

Or,

℞ Tar, 15 to 60 minims;
Vaselin, 4 ounces.

Or guaiacol and vaselin may be used in the same proportions.

In exceedingly obstinate cases, painting the part with nitrate of silver 15 to 45 grains, and distilled water one ounce, may answer. If this application produces very marked inflammation of the skin, it must be modified by the use of poultices.

The general treatment depends somewhat upon the diathesis of the patient. If there is arthritic trouble the alkaline treatment must be resorted to, and bicarbonate of sodium, fifteen to sixty grains, must be given each day, or large quantities of mineral waters containing bicarbonate of sodium should be taken, such as Celestins, Vichy, or Vals water.

If there is arterio-sclerosis, the following prescription is to be employed:

℞ Iodide of potassium, 5 drachms;
Syrup of bitter orange, 10 ounces.

One or two dessertspoonfuls after each meal.

The following pill may also be given in some cases with advantage, particularly where there is excessive secretion of the skin associated with debility:

℞ Hydrobromate of quinine, 1 grain;
Extract of belladonna, ⅙ grain;
Extract of gentian, 1 grain.

To be made into one pill.

Four or five of these pills are to be taken each day.

Should the patient be strumous, cod-liver oil, iodine and arsenic should be used. The oil should be gradually increased until large doses are taken. The iodide of iron should be given in the dose of one to two grains, and the arseniate of sodium in the dose of 1-60 to 1 20 grain. For nervous persons the following prescription is of great value:

℞ Tincture of valerian, 6 drachms;
Dilute sulphuric acid, 3 drachms;
Orange-flower water, 4 ounces;
Syrup, 4 ounces.

One or two teaspoonfuls a day may be given. Or the following pill:

℞ Extract of valerian, 3 grains;
Asafetida,
Extract of gentian, of each, 1 grain.

Five or six pills each day.

If the eczema seems to be dependent upon disturbance of digestion, the digestive disorder must be corrected, and for this purpose constipation must be overcome by laxa-

tives such as senna, podophylin, or some of the saline laxative waters. If there is a tendency to phosphaturia, the following may be used:

℞ Benzoate of sodium,

Carbonate of lithium, of each, 8 grains.

Make into one cachet and give one or two a day.

The dietetic treatment consists in the prohibition of all alcoholic beverages save a small quantity of wine with a little water. Coffee and tea are diminished in quantity as far as possible, being only allowed two or three times a week. In the way of food, fish, crabs, clams and oysters may be given in preference to red meats. The patient is not allowed to take asparagus or cucumbers. Eggs, milk and other light articles of diet are exceedingly useful. All fermented drinks are absolutely prohibited, and on general principles all acid fruits are cut out of the diet list.

The Disinfection of the Blood in Grave Infectious Diseases.

The Therapeutic Gazette.

Barre contributes to the *Revue de Therapeutique Medio-Chirurgical*, June 1, 1896, an article on this subject. He points out that in all infectious diseases there is great intoxication of the blood. The apparatus which he employs for "disintoxication" consists of a rubber tube which is attached to a hollow needle about the size of a large hypodermic needle. This needle is inserted into one of the veins of the arm, and artificial serum or salt solution is then gradually introduced into the venous system. At the same time blood may be withdrawn from another vein by means of a needle inserted and attached to a second tube. The quantity of serum which he injects varies from a pint to a quart, according to the degree of the intoxication. Under these circumstances a marked increase in renal activity is usually developed, particularly if simultaneous bleeding is resorted to, and a large amount of poison is thereby washed out of the blood.

Barre finds that by this method he has been able to bring about the natural crisis of the disease and in every way improve the patient's general condition.

We do not believe the method of Barre should be resorted to except in grave cases, and we also believe that under no circumstances should blood be extracted directly from the body, but rather that intro-venous injections or hypodermoclysis alone should be resorted to when it is believed that the kidneys are inactive. It is, of course, wise to attempt to clear the blood of impurities under circumstances as Barre mentions. We believe much more in the method recommended by Duret, of massive subcutaneous injections of salt solutions in septicemia following operations or occurring during the puerperium. Thus, Duret has employed these injections in ten cases with success—four cases of acute post-operative septicemia, four cases of puerperal septicemia, one traumatic shock after disarticulation of the leg, and one case of collapse due to hemorrhage. The actions in all cases were prompt, and the patients were markedly benefitted by the treatment.

Surgery of the Spine.

British Medical Journal.

Parona (*Il Policlinico*, May 1, 1896) reports four cases of spinal affection. The first was one of long-continued dorsal neuralgia affecting the seventh and eighth dorsal nerves on the left side. None of the usual remedies did any good, but injection of potassium iodide deep into the situation of the nerve-root cured permanently after eight injections. 15 grains were given on alternate days, and improvement was noticed after the third injection. There was some reason to suppose that the case was rheumatic.

The second case was one of persistent troublesome neuralgia affecting the seventh and eighth pair of dorsal nerves, and probably due to a fractured spinal process (eighth dorsal) twenty years before. The injured spine was exposed: no bony pressure was found. The author, therefore, thoroughly

stretched the nerves near their exit from the vertebral foramen, and so freed them from the old thickening. The result was permanent and speedy cure of the neuralgia.

The two other cases were each tuberculous in nature, and consisted of caries of the transverse process and body of the third and fourth dorsal vertebræ, accompanied by mediastinal abscess. The abscess cavity was freely exposed and drained from behind, and the patients recovered locally, but one died a few months after from pulmonary phthisis (of which there was no sign at the time of operation), and the other showed signs of phthisis. Both patients were adults, and there was no deformity of the spine. Mediastinal abscess was suspected, from the fact that when the external abscess was completely aspirated it almost immediately filled again, the quantity of fluid extracted being out of proportion to the volume of the visible swelling, and the abundance and flow of the discharge through the fistula being manifestly affected by the coughing of the patient.

The Treatment of Hernia in Childhood.

Birmingham Medical Review.

The earlier methodical treatment is begun, the more favorable is the prognosis in the hernia of children. Umbilical hernias always disappears if properly looked after, femoral herniæ seldom do, and the proportion of inguinal herniæ cured is somewhat between the two. In considering the treatment of this condition, it is of the utmost importance to exclude all straining efforts by treatment directed thereto. The best truss for a child under two years of age is a well applied pad of soft worsted, which should be kept clean and dry. After two years, a well made spring truss covered with leather should be used. All the radical operations involve an open exposure of the sac, the difference between them afterwards being as regards the treatment of the sac, inguinal canal and abdominal rings. A radical operation is indicated in the following conditions:

1. If a truss has not effected a cure before the patient reaches the age of eleven or twelve years.

2. Social condition—the care of a truss is frequently neglected by the poorer classes.

3. Condition of the hernia—the truss being valueless owing either to the large size of the rings or of the hernia itself.

4. If hernia be complicated by a retained testicle and a truss could not be worn.

The operation recommended is as follows: an oblique incision is made with its center over the external abdominal ring. A carbolized silk ligature is then placed around the neck of the sac. The sac is then excised below the ligature and the wound closed. The patient is kept in bed for five or six weeks, and a light truss is worn for three months until the cicatrix is firm. In twenty-three cases under twelve years of age, operated upon by the author, there were no deaths. In nineteen of these the wound healed primarily, while slight infection resulted in four cases. The cure was permanent in twenty cases; in one patient a relapse followed shortly after the operation; in two others, relapses occurred some months after operative interference.

Wisconsin to Take Action.

American Medico-Surgical Bulletin.

A bill is to be introduced into the approaching session of the Wisconsin Legislature that will probably do away entirely with fake medical colleges and diploma manufactories by making them powerless even if they should be permitted to exist. A board of examiners consisting of five physicians, two of whom shall be regulars, two homeopaths and one an eclectic, is to be created to carry out the provisions of the proposed law. The members of this board are to be appointed by the governor, from a list of five names furnished by each of the three State medical societies representative of the above-mentioned schools of medicine. Every person practicing medicine shall be registered on or before January 1, 1898, and every person duly registered may continue to

practice his or her profession without incurring any of the liabilities or penalties of the act. A fine of not less than $100 or more than $500 is provided. Another matter which the members of the medical profession are desirious of having the Wisconsin Legislature take action on is to provide an appropriation of $50,000 for use in emergencies, the fund to be used by direction of the governor. Also the registration of doctors and midwives and a complete record of the vital statistics of the State to be kept by the State board through the assistance of the local boards of health.

Relations of the Tubercular Diathesis to its Local Manifestations.

From a Paper Read by Dr. J. McFadden Gaston, of Atlanta, in American Medico-Surgical Bulletin.

He said that in considering the various forms in which the tuberculosis shows itself in different structures, there must be an underlying element prevading the whole organism, which results from a general deterioration of the secretions, While most recent authorities do not make a distinction between scrofula and tuberculosis, there is a fundamental difference in their general and local development. We have different characteristics of tuberculosis when it involves separate organs and structures of the body in a distinctively circumscribed form, or is defined as miliary tubercle in different structures, and yet the dyscrasia which marks the lymphatics under the designation of scrofula differs materially from any of the varieties of tuberculosis heretofore recognized. The presence of a condition recognized as a tubercular diathesis corresponds in some respect with the cachexia of carcinomatous tumors, and is held by some to be hereditary, There has been quite a revolution in the opinions as to the transmission of this disease from parent to child. and also in regard to its communicability. Great caution should be observed in putting restraints upon the marriage of those suffering with pulmonary consumption, and the association of those laboring under this disease should be limited as far as practicable.

Contribution to the Study of the Blood and the Circulation.

George Oliver in the Lancet.

The results of a series of experiments by the author on the effects of animal extracts, massage, resistive movements, and baths, on the blood and its circulation, are as follows:

1. *Animal Extracts.*—The lowering of blood pressure following the intravenous injection of thyroid extract is due to the direct result of increase in the caliber of the arteries, and not to any effect on the frequency and strength of the heart beats. The physiological significance of this is the important function of regulating the heart center. In support of this view it is noted that myxœdematous patients suffer from subnormal temperatures, and that thyroidectomized animals react to change of temperature with abnormal rapidity. Decoctions of other gland secretions, as the parotid and the submaxillary glands, have a like action. The significance of intravenous injection of spleen extract in causing a characteristic curve of blood pressure, consisting of a preliminary fall succeeded by a gradual rise and by as gradual a return to the normal, has not been as yet investigated. The extract of the suprarenal gland, when intravenously injected, powerfully stimulates the heart and contracts the arteries. The result is so great as to cause a marked diminution in the volume of the organ and limbs. The action of the extract of the pituitary gland coincides with that of the suprarenal in raising the blood pressure by directly contracting the arterioles and augmenting the heart beats and in not having the extract destroyed by boiling; and differs, on the other hand, in that its action is slower, less powerful and more persistent. Also, in that it fails to inhibit the heart's action with uncut vagi and to accelerate its action with cut or atrophinized vagi. The activity of the product of the ductless glands, not being destroyed by the digestive tract when given internally, is therefore of therapeutic value as an adjuvant to the nervous system in modifying the circulatory mechanism.

In an extensive and moderately successful experience — both personal and professional—with carbuncles, I have never seen a more threatening outlook for a serious carbuncle, nor one so quickly and satisfactorily cut short as in this case; and I am of the opinion that the results in this case are far ahead of the old-fashioned treatment of poultices alone or the more modern injection of methyl violet, or the treatment much extolled of late, of total extirpation and curetting, which leaves a great gaping wound to be filled up by granulations and skin-grafts or to become an open ulcer followed by ugly scars. I am free to say that I am convinced that the success in this case is largely due to the use of Protonuclein Special, as with the same general line of treatment, which has been the very best I could find, I was never able to cure a carbuncle under two weeks, whereas in this case it was cured as quickly us a simple wound would have been.

Lactophenin in Tonsilitis.

Dr. Coulter, of Chicago, in reporting his results with various remedies in tonsilitis has this to say:

In the other two I prescribed lactophenin, 10 grains every three hours; after the second dose Mr. B. was almost entirely relieved of pain, the temperature the following morning was 99.2. The other symptoms were likewise very much ameliorated. In the case of Mr. R., the third dose relieved him quite as completely. At this visit I was able to thoroughly evacuate the pus and cleanse the cavity, affording the usual relief in such cases.

Since the above experience I have used the remedy in twelve case of quinsy, and in all but one instance the results have been most gratifying to myself, and I am sure not less so to the patient. These patients have been first seen in all stages of the disease, from the first hour of the attack to the fourth day; and in one case, in consultation, on the sixth day.

The average time of relief has been about four hours. In all but three the relief was decided before the knife was used. In each of these three there were evidences of pus present, and the bistoury was used at once; so that the part played by the remedy is indeterminate.

I have in these cases given the lactophenin to the exclusion of every other remedy internally, excepting the cathartic already referred to; not omitting, however, the usual hot gargles and external applications.

My reasons for preferring it to salol are: Its action is decidedly more prompt; it has thus far given me no undesirable after effects; it not only relieves the pain, but reduces the fever with an equal certainty. In cases of evident rheumatic diathesis I should certainly employ, in addition thereto, my customary remedies.

Combination of Drugs.

The New York Medical Journal.

The Elixir Six Aperiens consisting, as it does, in a palatable form of cascara sagrada, May apple, dandelion, butternut, Alexandria senna and Rochelle salts with aromatics, operates without some of the disadvantages were a lesser number of the ingredients administered, proving that the united action of laxatives are often improved by combination. Every physician knows that the officinal pill cathartic comp. consists of six purgatives, which make a popular cathartic. We know that calomel given alone acts feebly on the kidneys, but along with digitalis and squills it is the most powerful known diuretic. Take another instance: Ipecac and opium have each diaphoretic properties, but when combined makes Dover's powder, the diaphoretic properties of which are increased more than fourfold, and in fever we all know the addition of aconite to the opium and ipecac still increases the remedial properties. We might go on illustrating the value of combinations, and certainly in no instance is it better illustrated than in the Elixir Six Aperiens, which acts on the entire alimentary canal. It is peculiarly adapted to children and pregnant women on account of its mildness, and will be found a specific for constipation.